

Please return within 10 business days

**FAIRFAX COUNTY OFFICE FOR CHILDREN
SCHOOL AGE CHILD CARE PROGRAM
12011 GOVERNMENT CENTER PARKWAY, 9TH FLOOR
FAIRFAX, VIRGINIA 22035
SEPTEMBER 2005 - AUGUST 2006**

SELF EMPLOYMENT INFORMATION FORM

(self employed less than 12 months)

[This form is not required if you will be paying full fee.]

Parent Name _____ Child Name _____

Name of Business _____ Home Phone _____ Cell # _____

Business Address _____ Business Phone _____

Account Number _____ Length of Time in Business _____

INCOME

1. Year-to-Date Total Gross Income (all revenue before expenses) \$ _____

2. Total Gross Income calculation for 12 months
(line 1 divided by number of months in operation) x 12 \$ _____

EXPENSES

Use expenses that are accepted by the IRS (refer to IRS Form 1040 Schedule C). [Receipts may be required.]

3. Year-to-Date Total Expenses \$ _____

4. Total Expenses calculation for 12 months
(line 3 divided by number of months in operation) x 12 \$ _____

NET INCOME

5. Total Gross Income minus Total Expenses (subtract line 4 from 2) \$ _____

Full fee will be assessed for anyone who fails to submit all documentation of income and expenses. Fees will be adjusted (if applicable) from the point of receipt forward, not for past bills.

The Federal yearly gross minimum wage will be assessed if the business income is less than minimum wage.

I certify that I work a minimum of 30 hours per week, and that this is a true and accurate financial statement of my business. I understand that this statement will be audited and that giving inaccurate or erroneous information is illegal and may result in the loss of child care service. I will notify SACC Registration of any change in the above information.

Parent Signature

Date

**QUESTIONS? CALL SACC REGISTRATOR 703-449-8989
FAX 703-324-3007**